FI 40B FY04 06/2003 Division of Finance



Employee Name

Employee Number

Title

Payroll Period

MM/DD/YYYY

Division

Home Agency Code Low Org Distribution Code

PRIVATE VEHICLE USAGE REPORT FOR REIMBURSEMENT AT .36 PER MILE (FY04) Low Approp Beginning **Ending** Miles Rep Project/ **Business Purpose of** Date Fund Agcy From To Act Func Mileage Mileage Driven Org Unit Cat Job Miles Driven MM/DD/YYYY **Total Miles** X .36 =*Reason(s) for reimbursing at .36 cents per mile: I hereby certify that this mileage was incurred 1 - State fleet vehicle not available **Total Amount** on official State business and that the amounts 2 - Time required to obtain state vehicle not cost effective (Wage Type 1183) are correct and proper. 3 - Short distance to drive but ties up vehicle all day 4 - State fleet vehicle not available that meets program needs 5 - Other - Attach documentation

Date

Signature of Traveler

Agency Name